



**State of Connecticut  
Office of Health Care Access  
Letter of Intent/Waiver Form  
Form 2030**

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OFFICE OF HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. APPLICANT INFORMATION**

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Saint Francis Hospital and Medical Center	
Doing Business As	Saint Francis Hospital and Medical Center	
Name of Parent Corporation	Saint Francis Hospital and Medical Center	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	114 Woodland Street Hartford, CT 06105-1299	
Applicant type (e.g., profit/non-profit)	Non-Profit	
Contact person, including title or position	Chris Hartley Senior Vice President Planning and Facilities Development	
Contact person's street mailing address	Saint Francis Hospital and Medical Center Planning Office	

	114 woodland Street Hartford, CT 06105-1299	
Contact person's phone #, fax # and e-mail address	860-714-5573 phone 860-714-8093 fax Chartley@stfranciscare.org	

**SECTION II. GENERAL APPLICATION INFORMATION**

a. Proposal/Project Title: **Construction of a Replacement Laundry Facility**

b. Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☐ New (F, S, Fnc)

☒ Replacement

☐ Additional (F, S, Fnc)

☒ Expansion (F, S, Fnc)

☒ Relocation

☐ Service Termination

☐ Bed Addition

☐ Bed Reduction

☐ Change in Ownership/Control

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New

☒ Replacement

☐ Major Medical

☐ Imaging

☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):  
**325 Homestead Avenue, Hartford, CT 06112**

- d. List all the municipalities this project is intended to serve: **Saint Francis Hospital and Medical Center's service area covering a 55 town area in North Central Connecticut. See the attached list of towns.**
- e. Estimated starting date for the project: **March 2006**
- f. Type of project: **27, 28, 31 and 32**

**Number of Beds (to be completed if changes are proposed)**

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
N/A	N/A	N/A	N/A	N/A

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

- a. Estimated Total Capital Expenditure: **\$3,290,000**
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$1,410,000
Medical Equipment (Purchase)	\$0
Imaging Equipment (Purchase)	\$0
Non-Medical Equipment (Purchase)	\$1,765,900
Sales Tax	\$0
Delivery & Installation	\$114,100
<b>Total Capital Expenditure</b>	<b>\$3,290,000</b>
Fair Market Value of Building lease	\$0
<b>Total Capital Cost</b>	<b>\$3,290,000</b>

**Major Medical and/or Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

**This question is not applicable since Saint Francis Hospital and Medical Center is not purchasing major medical equipment as part of this project.**

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan  
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding  
☐ Funded Depreciation
 ☐ Other (specify): \_\_\_\_\_

**SECTION IV. PROJECT DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

**See the attached summary and a copy of Saint Francis Hospital and Medical Center's license.**

If requesting a Waiver of a Certificate of Need, please complete Section V.

**SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT**

I may be eligible for a waiver from the Certificate of Need process because of the following:  
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
- ☐ The original equipment was authorized by the Commission/OHCA in Docket Number
- ☐ The cost of the equipment is not to exceed \$2,000,000.
- ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

**Please refer to the completed affidavit which is attached.**

**Project Type Listing**

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

**Inpatient**

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

**Outpatient**

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

**Non-Clinical**

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

**Saint Francis Hospital and Medical Center Service Area****Primary Service Area**

West Hartford  
Hartford  
East Hartford  
Bloomfield  
Windsor  
Windsor Locks  
East Granby  
Granby  
Suffield  
South Windsor  
Simsbury  
Canton  
Avon  
Farmington  
East Windsor  
Ellington  
Somers  
Stafford/Union  
Enfield  
Manchester/Bolton  
Andover  
Vernon  
Tolland

**Secondary Service Area**

Rocky Hill  
Wethersfield  
Newington  
New Britain  
Plainville  
Cromwell  
Berlin  
Southington  
Glastonbury  
Marlborough  
Hebron  
Bristol  
Burlington  
Harwinton  
Thomaston  
Plymouth  
Wolcott  
Middletown  
Meriden  
Middlefield  
Portland  
East Hampton  
Colebrook  
Hartland  
New Hartford  
Norfolk  
Barkhamsted  
Torrington  
Winchester/Winsted

## Summary

Saint Francis Hospital and Medical Center is a tertiary, general, acute care hospital that has provided a wide variety of inpatient and outpatient health care services to patients in the greater Hartford area since 1897. Saint Francis Hospital and Medical Center is committed to leadership and excellence in patient care, teaching, research and wellness. The achievement of excellence is demonstrated by the establishment of centers of excellence, which focus on exceptional quality, compassionate and comprehensive care that respects the dignity of every patient. This commitment to excellence has been recognized by Solucient Healthcare as this organization has rated Saint Francis Hospital and Medical Center as one of the Top 100 hospitals in the United States. Saint Francis Hospital and Medical Center has received this recognition on seven separate occasions. Thus, Saint Francis Hospital and Medical Center is one of only fifteen hospitals in the nation to receive this award for more times. Anchored by its Centers of Excellence in Cancer, Heart, Rehabilitation and Women's Services and supported by highly trained physicians, other healthcare professionals and employees as well as the latest technology, Saint Francis Hospital and Medical Center offers a broad continuum of services for patients of all ages. Saint Francis Hospital and Medical Center will accept all patients regardless of their race, creed, age, gender, religion or their ability to pay.

Saint Francis Hospital and Medical Center is proposing to replace, expand and relocate its laundry to leased space approximately an eighth of a mile from the Saint Francis campus at 325 Homestead Avenue in Hartford, CT 06112. The new laundry contains 23,000 square feet. The cost for this project includes all new laundry equipment which will enable Saint Francis Hospital and Medical Center to introduce modern laundry equipment that is more environmentally friendly and efficient as well as handle additional linen poundage in the future. The new laundry will be sized to handle up to 12 million pounds of laundry which will allow Saint Francis Hospital and Medical Center to meet its laundry needs as well as the contracts Saint Francis Hospital and Medical Center has with Lawrence and Memorial Hospital and Saint Mary Home. Saint Francis Hospital and Medical Center will also seek to contract for laundry from other hospitals such as Bristol Hospital and Saint Mary Hospital, affiliates of Saint Francis Hospital and Medical Center. The hours of operation will be Monday – Saturday 5:00am – 3:00pm.

This project will not affect other area providers since this proposal is for non clinical services.

Saint Francis Hospital and Medical Center expects the payer sources for its patients will not be affected by this proposal.



**STATE OF CONNECTICUT**  
**Department of Public Health**

**LICENSE**

**License No. 0054**

**General Hospital**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Saint Francis Hospital and Medical Center of Hartford, CT, d/b/a Saint Francis Hospital and Medical Center is hereby licensed to maintain and operate a General Hospital.

Saint Francis Hospital and Medical Center is located at 114 Woodland Street and 500 Blue Hills Avenue, Hartford, CT 06105

The maximum number of beds shall not exceed at any time:

65 Bassinets

617 General Hospital beds

This license expires December 31, 2005 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2004.

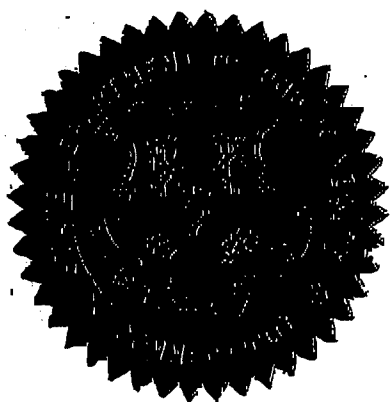
License revised to reflect:

Removed (4) Satellites. (1) effective 2/19/04, (1) effective 4/16/04 and (2) effective 7/1/04.

**Satellites**

Care Plus PHP, 1353 Gold Star Highway, Groton, CT

Teamworks For Adults & Adolescents PHP, 63 Best Center Street, Manchester, CT



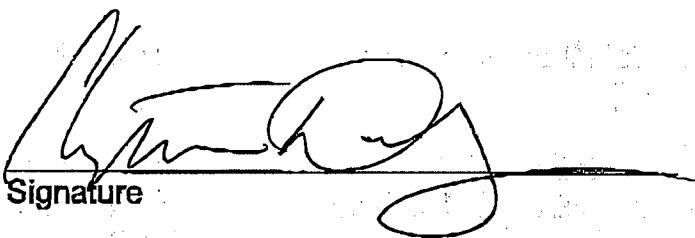
*J. Robert Galvin, M.D., M.P.H.*

**J. Robert Galvin, M.D., M.P.H.,  
Commissioner**

**HOSPITAL AFFIDAVIT****Applicant: Saint Francis Hospital and Medical Center****Project Title: Construction of a Replacement Laundry Facility****I, Christopher Dadlez, President and Chief Executive Officer**  
(Name) (Position – CEO or CFO)

of Saint Francis Hospital and Medical Center being duly sworn, depose and state that the (Hospital Name) information submitted in this Certificate of Need application is accurate and correct to the best of my knowledge. With respect to the financial impact related to this CON application, I hereby affirm that:

1. The proposal will have a capital expenditure in excess of \$15,000,000.  
☐ Yes ☒ No
2. The combined total expenses for the proposal's first three years of operation will exceed one percent of the actual operating expenses of the Hospital for the most recently completed fiscal year as filed with the Office of Health Care Access.  
☐ Yes ☒ No

  
Signature

12/15/05  
Date

Subscribed and sworn to before me on 15 December 2005

Martha E. Hartle

Notary Public/Commissioner of Superior Court

My commission expires: MARTHA E. HARTLE

**NOTARY PUBLIC**

File:affidavit Annex LOI

MY COMMISSION EXPIRES MAY 31, 2009